

California Department of Food & Agriculture  
Pierce's Disease Control Program  
Grapevine Loss Assistance Program

**APPLICATION FOR GRAPEVINE LOSS ASSISTANCE PROGRAM**

Applications with original signature(s) due by June 1, 2002

TO: COUNTY AGRICULTURAL COMMISSIONER:	1. Date
2. NAME (From IRS Form W-9)  BUSINESS NAME (If different than above)	4. TELEPHONE NO. (Area Code) Work:
3. MAILING ADDRESS (City, State, ZIP Code)	5. Home:
	6. Cell Phone:
7. BUSINESS STATUS: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	

**VINEYARD INFORMATION**

8. Number of vines to be removed.	
8a. Number of vines already removed. (Include date removed.):	
9. Number of net planted acres to be removed:	
10. Year or years vines planted:	
11. Vine layout and spacing:	
12. Total net planted acres in this vineyard:	
13. County of vineyard:	
14. Address and location of vineyard to be removed: (Map should be attached.)	

15. I have enclosed the following documents: a. Disease certification form ( ) b. IRS Form W-9 ( ) c. Map ( ) d. Other ( ) _____		
16. Vineyard Operator's Name: (If different from line 2)	Work Phone	Cell Phone

**CERTIFICATION BY APPLICANT:** I hereby agree to comply with all regulations established for the Grapevine Loss Assistance Program and agree to allow CDFA or County Agricultural Commissioner representatives access to my designated vineyard. I certify that all persons with an equity interest in the vines removed consent to the filing of this application. I certify that the vineyard has been removed between August 10, 1999 and by May 1, 2002. I understand that if I fail to comply with the requirements of this program, CDFA will initiate action to recover all payments I have received from this program and may initiate other penalties against me. I understand that providing false information to the government is punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by the County Agricultural Commissioners and CDFA. I certify that the above information provided by me is true and correct. I understand that incomplete applications or failure to submit all required documentation may result in disapproval of application.

**NOTE:** I understand if in the event the total amount of applications for the program benefits exceeds the available funds, payment shall be reduced by a uniform percentage as determined by CDFA.

I understand that an IRS Form W-9 must be completed and submitted with this application. The Tax Identification Number (TIN) or Social Security Number (SSN) must be that of the producer eligible to receive a program payment under the Grapevine Loss Assistance Program. The government will not issue a check without at least one of these numbers. Furnishing your SSN is voluntary. However, if you fail to furnish your SSN and do not have or do not provide a TIN, you will NOT be eligible to participate in this program.

17. Applicant's Signature	Date
18. If the applicant is not the producer, provide the title or relationship to the applicant:	
Deliver or Mail to:	

## INSTRUCTIONS FOR GRAPEVINE LOSS ASSISTANCE PROGRAM APPLICATION

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1. The date on which the application is completed.

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2. Name of the producer of record.

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3. Mailing address of the producer.

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4. Work telephone number of the producer.

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5. Home telephone number of the producer.

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6. Cellular telephone number of the producer.

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7. Check the box that applies to the producer of record.

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8. Enter the number of vines to be removed.
  - a. Enter the number of vines already removed and the date that the vines were removed.

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9. Enter the number of net planted acres removed, excluding roads, streams, or terrain that was not planted to vines.

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10. Enter the year or years that the vines removed were planted.

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11. Enter the vine layout (spacing).

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12. Enter the total net planted acres in the vineyard where the vines were removed.

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13. Enter the county of location for the vineyard removed.

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14. Enter the address or specific location (Assessor's parcel number) of the vineyard removed. To aid evaluators include boundary information such as roads, distances and landmarks.

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15. Enclose copies with original signatures of certification of disease by an accredited laboratory or self-certification by producer or certification by County Agricultural Commissioner or University of California-Cooperative Extension agent.  
Check appropriate boxes corresponding to documentation attached to application.

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16. Print the name and telephone numbers of the person to be contacted at the removed vineyard location, IF other than the applicant.

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17. Signature of the producer/applicant completing this form. Include date application signed.

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18. If the applicant is NOT the producer, he/she must enter his/her title (president, manager, executor, etc) after his/her name.

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NOTE: The completed application must be received by the County Agricultural Commissioner for which the vineyard is located. Application will be reviewed and approved in a timely manner. If the applications exceed the available program funds (\$7.14 million), a statewide payment factor will be applied reducing the amount of payment.